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Application Number ection of information unless it displays a valid OMB control number 10/044,692 TRANSMITTAL Filing Date January 11, 2002 **FORM** First Named Inventor Thomas R. Cech, et al. Art Unit 1642 Examiner Name (to be used for all correspondence after initial filing) Susan Nmn Ungar Attorney Docket Number 015389-002640US; 018/213C Total Number of Pages in This Submission **ENCLOSURES** (Check all that apply) After Allowance Communication to TC Fee Transmittal Form Drawing(s) Appeal Communication to Board Fee Attached Licensing-related Papers of Appeals and Interferences Petition for Revival of Application (2 pages) Appeal Communication to TC Amendment/Reply (13 pages) (Appeal Notice, Brief, Reply Brief) Petition to Convert to a After Final Provisional Application Proprietary Information Power of Attorney, Revocation Affidavits/declaration(s) Change of Correspondence Address Status Letter Other Enclosure(s) (please Identify Extension of Time Request Terminal Disclalmer below): Express Abandonment Request Request for Refund last page marker (1 page) Supplemental CD, Number of CD(s) Information Disclosure Statement (2 pages) Landscape Table on CD Certified Copy of Priority Remarks Fee Transmittal to accompany Amendment and IDS transmitted earlier today RECEIVED Document(s) Reply to Missing Parts/ Incomplete Application OIPE/IAP Reply to Missing Parts under 37 CFR 1.52 or 1.53 NOV 1 5 2005 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Name Geron Corporation Signature Printed name J. Michael Schiff Date Reg. No. 40,253 CERTIFICATE OF TRANSMISSION/MAILING I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with

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GERON CORPORATION 230 Constitution Drive Menlo Park, CA 94025 Phone: (650) 473-7700 Fax: (650) 473-8654

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number Effective on 12/08/2004. Complete If Known pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). Application Number 10/44,692 FEE TRANSMIT Filing Date January 11, 2002 For FY 2005 First Named Inventor Thomas R. Cech, et al. **Examiner Name** Susan Nmn Ungar Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1642 TOTAL AMOUNT OF PAYMENT (\$) (130) Attorney Docket No. 015389-002640US; 018/213C METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None | Other (please identify): Deposit Account Deposit Account Number. 07-1139 Deposit Account Name: Geron Corporation For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) **"** Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES **EXAMINATION FEES Small Entity** Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Utility 300 150 500 250 200 100 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 250 600 300 **Provisional** 200 100 0 0 0 2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 Total Claims Extra Claims Fee Paid (\$) Fee (\$) Multiple Dependent Claims 33 -20 or HP = 50 150 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep, Claims Extra Claims Fee (\$) Fee Paid (\$) _ - 3 or HP ■ 240 400 total independent claims HP = highest number of independent claims paid for, if greater than 3. **APPLICATION SIZE FEE** If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Total Sheets Fee (\$) Fee Paid (\$) - 100 = **/50 =** _ (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Information Disclosure Statement 180 SUBMITTED BY Signature Registration No. 40,253 Telephone (650) 473-7715 (Attorney/Agent) Name (Print/Type) J. Michael Schiff Date No. 101 05

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